MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04286

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; MARYLAND; LENGTH OF STAY (in this place) 7 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 5800 - 15th St

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Altman

4. DATE OF DEATH: (Month) Apr. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 21 April 50

9. AGE last birthday: 7 hrs yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence E Altman

14. MOTHER'S MAIDEN NAME: Patricia C. Hesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis

761.5 Antecedent cause(s)

160 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Separation of Placenta

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity - 6½+ months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/, 1950, to 4/22/, 1950, that I last saw the deceased alive on 4/22, 1950 and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE Sidney Lyons (Degree or title) M.D. ADDRESS 5-802 Balto. Ave. Hyattsville, Md. DATE SIGNED 4/22/50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE April 24, 1950 NAME OF CEMETERY OR CREMATORY Prince Geo's Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REG. 4/28/50 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W. Penn ADDRESS Supt

2-0-4-21-0-24-3-30-1

RECEIVED
APR 29 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04287

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 6121 Parkwood Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Randolf	Baldwin	Apr. 21 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept 4, 1905	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	own self	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lowell Baldwin	Laura King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Edna Catherine Baldwin, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416x **Immediate cause** (a) Cerebral Embolism

95b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Dep. Med. Exam.	Hyattsville, Md	4-22-50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/50	Forestville Episcopal	Forestville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/24/50	Amanda Downey	F. Gasche & Sons	Hyattsville Md

4/56V9

RECEIVED
APR 25 1950
BUREAU V. S.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

04288

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 3520-25th St., N.E. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Lee (Last) Barnhard
4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 27, 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME Lee Barnhard
14. MOTHER'S MAIDEN NAME Grace A. James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ralph. W. Barnhard - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 Immediate cause (a) Hemorrhage & shock

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull

(c) Crushed chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) (COUNTY) (STATE) One mile outside Marlboro. Pr. Geo - Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-16-50 4.45 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile overturned on road.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md - 4-16-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4-19-50 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. April 16 1950 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga. Ave. N.W.

V12 92

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04289

Reg. Dist. No. 143

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights
STREET ADDRESS (If rural, give location): 6100 "B" Street, Capitol Heights, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	-	Berry	4	23	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	1873	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	District of Columbia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Nalley	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		John Berry (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville, Md.	4/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/50	Addisons Chapel	Seat Pleasant Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 25-50	Carrie F. Campbell	Ritchie Bros.	Upper Marlboro Maryland

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04290

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Prince George

City or town: Berwyn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: St Marys

City or town: Abell
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: WILLIAM F BIRKIGT

3. (b) Social Security Number: no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 23 - 1870

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: D. C
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Building Construction

FATHER
12. Name: Louis A Birkigt
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Engel
15. Birthplace: Germany.

16. Informant: Louis E Birkigt
Address: Berwyn Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 17-1950
(month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Washington D. C.

18. Funeral director: George W Wise Co Inc.

Address: 2900 M St. NW Washington D.C.

19. 4-14 1950
(Date rec'd by registrar)
Amanda Downey
Registrar

John D. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1950 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1950, to April 14 1950 and that I last saw him alive on April 12 1950

Immediate cause of death	DURATION
Cerebral anoxia	2 days
Pernicious anemia	yrs
Due to Arterio sclerotic cardio-vascular disease	yrs
Due to Congestive heart failure	2 mo.
Other conditions Apical pulmonary tuberculosis	yrs.

(Include pregnancy within 3 months of death)

422.1

Major findings of operations

13b

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ronald S. Fleischer M.D.
M. D. or other

Address: 5432 Queens Chapel Rd. Hyattsville Md. Date signed 4-15-50

30849

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
APR 20 1950
BUREAU V. S.

Lifkin

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04291

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH· COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Montgomery Street	STREET ADDRESS (If rural, give location) 408 Montgomery St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Bruce

4. DATE OF DEATH (Month) April (Day) 6 (Year) 1950

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed — 8. DATE OF BIRTH April 19, 1862 — 9. AGE last birthday 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (retired) — 10b. KIND OF BUSINESS OR INDUSTRY own farm — 11. BIRTHPLACE (State or foreign country) Leavenworth Indiana — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wilford Heath Bruce — 14. MOTHER'S MAIDEN NAME Sarah Ann McMechen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY No. none — 17. INFORMANT AND ADDRESS Mrs. Minnie C. Donaldson, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerosis. — 2 yrs.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis. — 2 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20, 1950, to April 6, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 9 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED 4/8/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE April 9, 1950 — NAME OF CEMETERY OR CREMATORY Trinity Cemetery — LOCATION (City, town, or county) Howard Co. (State) Maryland

DATE REC'D BY LOCAL REG. Apr 8-1950 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR DeWitt Donaldson, Laurel, Md. — ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04292

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural give location) 206 - 65th Street

3. NAME OF DECEASED (Type or Print) (First) Lester (Middle) Forest (Last) Carrick
4. DATE OF DEATH (Month) Apr. (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 9. 1920
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Communication
10b. KIND OF BUSINESS OR INDUSTRY Telephone Co
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Norvel J. Carrick
14. MOTHER'S MAIDEN NAME Edith V. Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-14-2021
17. INFORMANT Oden Carrick - Brother.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Hemorrhage & shock

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c) Automobile accident

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public Highway (CITY OR TOWN) Sunnybrook (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 7 (Year) 50 (Hour) 10.55 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding as a passenger in auto. in collision with telephone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney. M.D. Dep. Med. Exam - Cheverly - Hyattsville, Md 4-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-10-50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Apr 8 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Jos Wm Lee Sons Co ADDRESS 300-4th St N.E.

XVX 56

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04293

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Page Bowie Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural give location) Page Bowie's Farm

3. NAME OF DECEASED (Type or Print) (First) Nathaniel (Middle) (Last) Carroll
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 5, 1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Carroll
14. MOTHER'S MAIDEN NAME Emily Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Cinny Jane Carroll - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation
442X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiorenal disease
131a
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney M.D. Dep. Med. Exam
ADDRESS Cheverly-Hyattsville, Md
DATE SIGNED 4-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 16, 1950
NAME OF CEMETERY OR CREMATORY Church Cemetery
LOCATION (City, town, or county) Mitchellville (State) Md.

DATE REC'D BY LOCAL REG. April 12 1950
REGISTRAR'S SIGNATURE Amanda Downey
Mrs. Agnes M. Yingling
24. FUNERAL DIRECTOR Ralph Barbour
ADDRESS 48 K St. N.E. Wash. D.C.

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04294

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Steven (Middle) Wayne (Last) Chaney

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 6. 1949

9. AGE last birthday: 10 mos. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Clifford Chaney

14. MOTHER'S MAIDEN NAME: Georgie Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: William Chaney - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, Pulmonary Congestion

773.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
107 (b) Dehydration

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. - Deputy Coroner Cheverly Hyattsville, Md 4-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/20/50 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county): Lothian (State): Md.

DATE REC'D BY LOCAL REG. Apr-18 1950 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

VS. A15A

2-1-6-54-0-21-1-40-R

RECEIVED
APR 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04295

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly Md. — LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellaville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) (Last) Chilcoate

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 10 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Chand Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Charles W. B. Gladden

14. MOTHER'S MAIDEN NAME: Elzabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): X

16. SOCIAL SECURITY No.: X

17. INFORMANT AND ADDRESS: Wm Joseph Chilcoate Bellaville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

442X (b) Nephrosclerosis - hydronetrosis

131a (c) Hypertension, heart disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1950 to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 5:45 p m., from the causes and on the date stated above.

SIGNATURE: Ronald V. Flexner (Degree or title) M.D. ADDRESS: 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED: 4-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/26/50 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. April 26 1950 — REGISTRAR'S SIGNATURE: Amanda Mooney — **24. FUNERAL DIRECTOR** — ADDRESS: L. Gascha Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU U. S.
APR 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04296 232

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevercly; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural, give location) 6911

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) (Last) Connick

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Aug 19 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hyde

14. MOTHER'S MAIDEN NAME: Elizabeth Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Aline E Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Embolism - Left Iliac Artery	4-9-50
422.2 Antecedent cause(s)		
1002 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	3-26-50
	(c) Phlebothrombosis - Left leg.	4-6-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1950, to April 9, 1950, that I last saw the deceased alive on 4-9, 1950, and that death occurred at 1 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Dest (M.D.) Hyattsville 4-9-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/11/1950 | NAME OF CEMETERY OR CREMATORY: St. Paul | LOCATION (City, town, or county) (State): Baden Maryland

DATE REC'D BY LOCAL REG.: Apr 10 1950 | REGISTRAR'S SIGNATURE: C Earl Smith | 24. FUNERAL DIRECTOR: Ritchie Bros. | ADDRESS: Upper Marlboro, Md

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04297

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 mo., 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1248 Delaware Ave., S. W.

3. NAME OF DECEASED (Type or Print) (First) Ruby (Middle) L. (Last) CUNNINGHAM

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 4/18/27
9. AGE last birthday 23 yrs. If under 1 year Months – Days 9 If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper separator
10b. KIND OF BUSINESS OR INDUSTRY Kline's Paper /Factory/
11. BIRTHPLACE (State or foreign country) Atlanta, Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Turman
14. MOTHER'S MAIDEN NAME Agnes Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. Lost
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 8 months

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-26, 1950, and that death occurred at 5.15 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 4/27/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF 4/28/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 4/29/50 REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR John L. Rhines & Co ADDRESS 901-3rd St Sw
[signature] 49660

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04298

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; LENGTH OF STAY (in this place) 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5810 - Ritchie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; STREET ADDRESS (If rural give location) 5810 - Ritchie Road

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) V. (Last) DAY

4. DATE OF DEATH: (Month) APRIL (Day) 28th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A Young

14. MOTHER'S MAIDEN NAME: Margaret VanSant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Arthur L. Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure - Heart — Interval between onset and death: 4 weeks

502.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

106b

(b) Pulmonary Fibrosis — 15 Years

(c) Chronic Bronchitis — 18 Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1921, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M.D. 3829 - Penn. Ave. S.E. D.C. 4-28-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 1st 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: April 28, 1950

REGISTRAR'S SIGNATURE: Edna F. Selmi

24. FUNERAL DIRECTOR: Simmons Bros — ADDRESS: 2007 - Nichols ave S.E. 52086

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04299

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (In this place) 4 mo., 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ DC; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel ~~Washington~~
STREET ADDRESS (If rural, give location) District Training School

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) (Last) DE GEORGE
4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/25/43
9. AGE last birthday: 6 yrs. If under 1 year: Months 6; If under 24 hrs.: Days 15, Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Frank DeGeorge
14. MOTHER'S MAIDEN NAME: Dolores Kemper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningitis	5 mo.
019.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Miliary Tuberculosis	6 mo.
22a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1949, to Apr. 9, 1950, that I last saw the deceased alive on Apr. 9, 1950, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finnegan M. D. Glenn Dale Sanatorium Glenn Dale, Maryland 4/9/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4/10/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 4/10/50 | REGISTRAR'S SIGNATURE Roe Weiss | 24. FUNERAL DIRECTOR James T. Ryan Inc ADDRESS 317 Pa. Ave. S.E. D.C.

RECEIVED
APR 18 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

04300

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY: Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Croome
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Croom, Maryland
STREET ADDRESS (If rural, give location): Croom, Maryland

3. NAME OF DECEASED (Type or Print) (First) Issie (Middle) (Last) DeVaughn

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: June 29-1869
9. AGE last birthday: 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Robey
14. MOTHER'S MAIDEN NAME: Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: A. Preston DeVaughn-Croom, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Intra cranial hemorrhage

131a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to April 28, 1950, that I last saw the deceased alive on April 28 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: James L Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 4-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5/1/50
NAME OF CEMETERY OR CREMATORY: St. Thomas
LOCATION (City, town, or county): Croom (State): Md.

DATE REC'D BY LOCAL REG.: April 30, 1950
REGISTRAR'S SIGNATURE: R Crist Smith
24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro Md.

RECEIVED
MAY 2 1950
BUREAU V. S.

04301

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRANCIS (Last) DOYLE

4. DATE OF DEATH: (Month) APRIL (Day) 8th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: About 1879

9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patrol Judge - Horse Races

10b. KIND OF BUSINESS OR INDUSTRY: Racing

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs John Long (sister-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 month
422.1 Antecedent cause(s)	(b) Cerebral Arteriosclerosis	many years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Myocarditis	" "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-, 1950, to 4-8th, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 8:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jesse R Coggins M.D. Laurel Maryland 4/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE 4/11/50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory | LOCATION (City, town, or county) (State): Suitland p.o. Md.

DATE REC'D BY LOCAL REG.: April 9-50 | REGISTRAR'S SIGNATURE: M. Bashears | 24. FUNERAL DIRECTOR: Ritchie Brothers | ADDRESS: Upper Marlboro, Md.

V9090

VS. A15

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04302

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 6002 Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) Kleora (Middle) Jane (Last) Dwyer

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-23-09

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWI.

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Clinton Coyle

14. MOTHER'S MAIDEN NAME: Anna Mae Hartsick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Post partum hemorrhage

(c) Laceration of cervix

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pre-eclamptic toxemia - placenta praevia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney Dep. Med. Exam. Cheverly Hyattsville Md. 4-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/21/50

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: April 20, 1950

REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: F. Rasche's Sons ADDRESS: Hyattsville Md.

RECEIVED
APR 24 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04303

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 19yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6008--43rd Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville,
STREET ADDRESS (If rural, give location): 6008--43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HOWARD (Last) DYER

4. DATE OF DEATH: (Month) April (Day) 20th, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11/25/1854

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Exterior & Roofing

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ellamaude Brown (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Myocardial failure	6 weeks
Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility and arteriosclerosis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-, 1950, to 4-20, 1950, that I last saw the deceased alive on 4-20, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE: John P. Clem (Degree or title) M.D. ADDRESS: 6110 43rd Ave Hyattsville Md DATE SIGNED: 4-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/24/1950 | NAME OF CEMETERY OR CREMATORY: Congressional Cem. | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: April 24, 1950 | REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Co. Riverdale, Md.

36279

RECEIVED
APR 22 1950
BUREAU

04304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Radiant Valley
STREET ADDRESS (If rural, give location) 6928 Standish Drive

3. NAME OF DECEASED (Type or Print) (First) William (Middle) HERBERT (Last) Earle

4. DATE OF DEATH 10 55 (Month) April (Day) 4 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 10 1867
9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY YARD
11. BIRTHPLACE (State or foreign country) Maine
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOSIAH EARLE
14. MOTHER'S MAIDEN NAME MARY JANE NORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS LILLIAN C. EARLE (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

560.5 Immediate cause (a) Pulmonary Embobolus

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Antecedent (Post Operative)

(c) Herniorrhaphy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerotic (Heart Disease)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Feb, 1950, to 4 Apr, 1950, that I last saw the deceased alive on 4 Apr, 1950, and that death occurred at 10 55 P m., from the causes and on the date stated above.

SIGNATURE Robert B Lanier (Degree or title) MD ADDRESS Upper Marlboro DATE SIGNED 5 April 50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE APRIL 7/5 NAME OF CEMETERY OR CREMATORY ROLLINSFORD CEMETERY LOCATION (City, town, or county) ROLLINSFORD (State) N.H.

DATE REC'D BY LOCAL REG. Apr. 6 1950 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

30897

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
APR 7 1950
BUREAU V. S.

04305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. LENGTH OF STAY (in this place) 9 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colman Manor
STREET ADDRESS (If rural, give location) 4100 Newton St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) H. (Last) Flack.

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9 July 1891
9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintance Man
10b. KIND OF BUSINESS OR INDUSTRY St of Md
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Samuel Flack.
14. MOTHER'S MAIDEN NAME Eldora Zellers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clyde Flack Colman Manor Md (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic Ileus — INTERVAL BETWEEN ONSET AND DEATH: 5 days

581.0

Antecedent cause(s)

122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Portal cirrhosis - Diabetes mellitus — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal neoplasm

19a. DATE OF OPERATION 4-1-50
19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction - secondary to paralytic ileus
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-50, 19....., to 4-4-, 1950, that I last saw the deceased alive on 4-4-, 1950, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George H. McLain M.D. 1746 K. N.W. - Wash - 6 - D.C. 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/7/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 4/7/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschs sons: Hyattsville Md ADDRESS

3369

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1950
BUFFALO, N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04306

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hodgens Hgts; LENGTH OF STAY (In this place) 1 week; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hodgens Hgts.; STREET ADDRESS (If rural, give location) 5506-56th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AMELIA	L	FLAHERTY	Apr.	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct. 17, 1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Rembold	Bernadine M. May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Andrew G. F. Flaherty.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) congestive heart failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized carcinomatosis	3 mos
	(c) Carcinoma right breast	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Yenr) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 2/1/45, 19—, to 4/14/50, 19—, that I last saw the deceased alive on 4/14, 1950, and that death occurred at 12-6 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robt J Bosworth M.D.		811-8-N.E.	4/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 17, 1950	Ft. Mayer	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14, 1950	Amanda Downey	J. Wellington Lee's Sons Co.	300-4th St. N.E.
April 17 1950	Laws Seney		

VS-A15

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04307

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401-32nd St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
STREET ADDRESS (If rural give location) 4401-32nd Street

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Michael (Last) Fletcher
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 16, 1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber & Steamfitter
10b. KIND OF BUSINESS OR INDUSTRY Employed by C.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William P. Fletcher
14. MOTHER'S MAIDEN NAME Margaret M. McMahon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) 1st W. War
16. SOCIAL SECURITY NO.
17. INFORMANT Stella May Fletcher - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 4-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 22, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem'y
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. April 19, 1950
REGISTRAR'S SIGNATURE Mrs Jas Severe Dep'y
24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS
300 - 4th St N.E. Wash DC
34899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04308

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) transit DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural give location) 224 17th Street N. E.

3. NAME OF DECEASED (Type or Print): (First) Steven (Middle) L. (Last) Fogle

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Separated	1/22/28	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas station Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Esso Service
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Gilbert Fogle
14. MOTHER'S MAIDEN NAME: Eunice Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. W W II
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Florence Fogle 224 17th st N. E. Washington D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
799.5 **Immediate cause**	(a) Asphyxia due to strangulation.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thorax & face pinned under	
170C	(c) automobile - Compression of Chest	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street (CITY OR TOWN): Bladensburg (COUNTY): P. George (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 4-13-50 2:15 Am. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile struck telephone pole, turning over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J Maloney M.D. Dep. Med. Examiner	Cheverly - Hyattsville, Md	4-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/17/50	ARLINGTON NATL	ARLINGTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14 1950	Amanda Downey	W. W. CHAMBERS CO	RIVERDALE MD

4167V

RECEIVED
APR 17 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04309

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Pr. Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — MARYLAND — LENGTH OF STAY (In this place): 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr. George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale. — STREET ADDRESS (If rural give location): 5424-55th Place

3. NAME OF DECEASED (Type or Print): (First) Pearlie (Middle) (Last) Frocke

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 27, 1923

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Cummings

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Abraham Frocke - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acc. respiratory failure — 322.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral edema — 772

(c) Chronic alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville Md 4-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr 4/50 — NAME OF CEMETERY OR CREMATORY: Parks Heights — LOCATION (City, town, or county) (State): Brunswick Md.

DATE REC'D BY LOCAL REG.: Apr 2 19 50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: P. Gasch & Son — ADDRESS: Hyattsville Md

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04310

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (In this place) 22 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7611 Walker Mill Road	STREET ADDRESS (If rural, give location) 7611 Walker Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Walter	Gardiner	4	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-15-85	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	Farm Hand	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Gardiner	Elizabeth Stamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Lilly Gardiner, [redacted]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 / 131a)	(b) Cardio vascular renal disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	4-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-24-50	Fort Lincoln	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 22, 50	Carrie F. Campbell	Ritchie Bros.	Upper Marlboro, Md.

VS. A15A

000 VV

RECEIVED
APR 22 1950
BUREAU V. S.

04311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier — LENGTH OF STAY (in this place): 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3718--36th Street	STREET ADDRESS (If rural, give location): 3718--36th Street

3. NAME OF DECEASED (Type or Print)	(First) AGNES	(Middle) ZETHA	(Last) GORDON	4. DATE OF DEATH (Month) April (Day) 20th, (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 5/4/1873	9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Peru, Clinton Cty. N.Y.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Booth		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs. Mae Z. James (Daughter)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive Heart Failure	1 mo
Antecedent cause(s) 132	(b) arteriosclerosis acute pyrenolipidemia nephritis	10 6 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: no	19b. MAJOR FINDINGS OF OPERATION: no	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no	(CITY OR TOWN): Mt Rainier — (COUNTY): Pr Geo — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to April 20, 1950, that I last saw the deceased alive on Ap 20, 1950, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

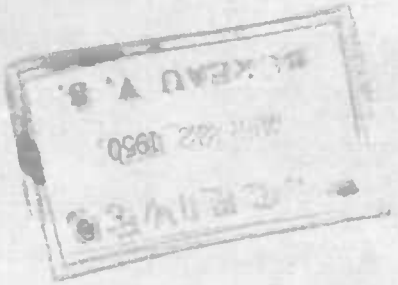
Thos E Chatterton M.D. 4108 JEFFERSON ST. HYATTS. MD APRIL 21/1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/24/1950	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.	LOCATION (City, town, or county) (State): Colmar Manor. Pr.Geo.Md.
DATE REC'D BY LOCAL REG: April 21 1950	REGISTRAR'S SIGNATURE: James Severy	24. FUNERAL DIRECTOR: W.W.Chambers Co. Riverdale, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



04312

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brightseat
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheriff Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brightseat
STREET ADDRESS (If rural give location) Sheriff Road

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) (Last) Gordon

4. DATE OF DEATH (Month) Apr. (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 15, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired None
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Gordon
14. MOTHER'S MAIDEN NAME Maggie V. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Luther Ramsey - Halfbrother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Acute congestive heart failure

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular decompensation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly - Hyattsville Md DATE SIGNED 4-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 10, 50
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 4-8-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W W Chambers Co. ADDRESS 517 11 St SE
458V9 Washington D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 11 1950
BUREAU V. S.

04313

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine Grace

4. DATE OF DEATH (Month) (Day) (Year): April 14 1950

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 5 Aug 1888
9. AGE last birthday: 61 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Helen Mohler, 400 F. St. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

401.0 Immediate cause (a) Acute Pulmonary Edema.

Antecedent cause(s)

90b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibrinous Pericarditis, cause undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 6 1/2 a.m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleischer — (Degree or title): M.D. — ADDRESS: 5432 Queens Chapel Rd Hyattsville — DATE SIGNED: 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 4-14-50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: April 14, 1950 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Thomas B. Hanlon — ADDRESS: 641 - H St N.E.

— 259

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04314

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 214 Maple Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) FRANK (Last) GRIMSLEY

4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 6-12-1867

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank & Trust Officer

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Grimsley

14. MOTHER'S MAIDEN NAME: Fannie B. Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: (wife) Mrs. E. F. Grimsley 214 Maple Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 weeks
Antecedent cause(s)	(b) Left Hemiplegia	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis —	Many years
	(c) Myocarditis —	" "

4221
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28-, 1950, to 4-26, 1950, that I last saw the deceased alive on 4-25, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands M.D. | ADDRESS Laurel Sanitarium, Laurel, Md. | DATE SIGNED 4-26-1950

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE 4/28/50 | NAME OF CEMETERY OR CREMATORY Fairview Cemetery | LOCATION (City, town, or county) Culpeper | (State) Virginia

DATE REC'D BY LOCAL REG. April 26 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR | ADDRESS

50 M. Brashears | W. H. Hines Co. 2901-14th St NW Wash DC

VS-A15

1568V

RECEIVED
APR 29 1950
BUREAU V. S.

04315

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Defense Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista
STREET ADDRESS (If rural give location) Defense Highway

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Lindsey (Last) Hackley

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3-3-1885

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement finisher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mary Alice Hackley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney, M.D. Deputy (Degree or title) Medical Examiner ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 4-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 4-27-50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 4/27/50

REGISTRAR'S SIGNATURE - Dep. Margaret Stancliff R.N.

24. FUNERAL DIRECTOR R. D. Horton ADDRESS 1322 Yan St. N.W.

368V4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 3 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04316

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md. — LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Maryland
STREET ADDRESS (If rural, give location) 3211 Bunker Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	H	Hageage	April	16,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		January 12, 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Keeper (Merchant)	Clothing, etc.	Syria	

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Dr. Charles Hageage

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Mesenteric Thrombosis	2 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fibrillation of Heart	2 days.
	(c)	

433.1

99

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1932, to April 16, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hageage	M. D.	Mt. Rainier, Md.	Apr. 16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/18/50	Fort Lincoln	Colmar Manor	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 16 50	Armanda Downey	The S. H. Hines Co.	2401-14 Washington D.C.

15665

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04317

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 321 Greenwood Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lowiisa	-	Heitsman	April	13,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Single	Aug. 20, 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None		Estonia	Estonia

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jüri Heitsman	Anne ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
153 × Immediate cause (a) Carcinoma of large bowel with	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) metastases to liver & other vital structures; Congestive heart failure	2 months
46 2 (c) Anemia secondary to carcinoma	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 19, 19 49, to April 13, 19 50, that I last saw the deceased alive on April 1, 19 50, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip C. Jones	M.D.	907 Ellsworth Drive Silver Spring Md	4/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	4/15/50	Geo. Washington Mem Cemetery	Hyattsville R. Geo. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 13, 1950	Mrs. Jas. Severe (Deputy)	J. Arthur Walters By H. M. Day	254 Carroll Street N.W. Takoma Park, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04318

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park | LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4336 Clagget Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 514 Beaumont Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Louis (Last) Henck Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-12-1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Asst. Treasurer Southern Ice

10b. KIND OF BUSINESS OR INDUSTRY: Supply

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Louis Henck Sr.

14. MOTHER'S MAIDEN NAME: Emma Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Ellen R. Henck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492X — **Immediate cause** (a) Pulmonary congestion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

109 (b) Acute congestive heart failure

(c) Pneumonitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D., Deputy Md Examiner Chwerly-Hyattsville, Md 11-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 11/14/50 | NAME OF CEMETERY OR CREMATORY Forbyrd | LOCATION (City, town, or county) Forbyrd (State) Md

DATE REC'D BY LOCAL REG. 11/12/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR Tolbert & Son Inc ADDRESS 1219 8th Road N.W.

15699

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04319

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 5 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.	STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print)	(First) Lottie	(Middle)	(Last) Hensley	4. DATE OF DEATH	(Month) April (Day) 9 (Year) 1950
5. SEX 7	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Feb. 22, 1920	9. AGE last birthday 30 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unk.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records, Pr Geo. Genl. Hosp. Cheverly, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

643X Immediate cause (a) Placenta Previa Centralis (Pregnancy) 8 mo

Antecedent cause(s)

143b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and Shock -

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/9/50	19b. MAJOR FINDINGS OF OPERATION Caesarean Section	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/50, 19....., to 4/9, 1950, that I last saw the deceased alive on 4/9, 1950, and that death occurred at 5:55 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert S McCinney MD		402 Main St Laurel Md	4/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 4-10-50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Harrisonburg, Va.
DATE REC'D BY LOCAL REG. 4-9-50	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR WW Chambers Co	ADDRESS 1400 Chapin St NW Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04320

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville | LENGTH OF STAY (in this place) 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3402 Lancer Drive	STREET ADDRESS (If rural, give location) 3402 Lancer Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZABETH	(NMI)	HERMANN	April	9th,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Nov. 7th, 1861	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Kreiss Kassel, Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Krauss	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	None	Walter W. Heeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Chronic arteriosclerotic Cardio-	
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) vascular disease	4 years
	(c) Congestive Heart failure	2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec, 19 49, to April, 19 50, that I last saw the deceased alive on 4-7, 19 50, and that death occurred at 8 45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ronald V. Fleischer	M.D.	5432 Queens Chapel Rd. Hyattsville	4/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13/50	Chelten Hills Abbey	Philadelphia, Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 10 1950	Mrs. Jas. Severe	W.W. Chambers Company,	Riverdale, Md.

VS. 415

RECEIVED
APR 12 1950
BUREAU V. E

04321

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Hill Trailer Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) Cherry Hill Trailer Camp

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Albert (Last) Hoppel

4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-15-'99
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert J. Hoppel
14. MOTHER'S MAIDEN NAME Cecelia Wyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Marie Francis Hoppel, Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

411x Immediate cause (a) Ac. congestive heart failure

92a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic stenosis

(c) Rheumatic heart disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney M.D. Dep. Med. Examiner (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 4-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/30/50
NAME OF CEMETERY OR CREMATORY Cresson
LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REG. 4/30/50
REGISTRAR'S SIGNATURE Amanda Dorona
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

John D. Smith

33284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 4 1950
BUREAU U. S.

04322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier, Md. LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Mt. Rainier, Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT RAINIER
STREET ADDRESS (If rural, give location): 4700 30Th ST

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) (Last) IRELAND
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec 23 1880
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER + WRITER
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Springfield Mass.
12. CITIZEN OF WHAT COUNTRY? VS

13. FATHER'S NAME: OSCAR IRELAND
14. MOTHER'S MAIDEN NAME: JEANNIE GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) ARMY
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: MRS L.T. HAYES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden — 1 hr

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency following

(c) Coronary occlusion 1942 - arterial hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 5:15 - P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Mazarin C. Dollman - 4956 - Quebec NW DC 4-30-50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
DATE: April 30, 1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
LOCATION (City, town, or county): Pr. Georges Co. (State): Md.

DATE REC'D BY LOCAL REG.: April 30, 1950
REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: S H Hines Co ADDRESS: 2901 14Th ST NW WASH DC

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 2 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04323

Reg. Dist. No. 23d

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Muirkirk
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4503 - Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year) 4-29-1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-10-1910.
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter
10b. KIND OF BUSINESS OR INDUSTRY Sanitary Comm.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas Jackson
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edelle Johnson, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Hemorrhage & shock

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest & abdomen

(c) Fractured skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Muirkirk (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-29-50 9.30 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 4-29-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 30 April 1950 NAME OF CEMETERY OR CREMATORY Jarvis Funeral Home LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. April 30 1950 REGISTRAR'S SIGNATURE Amanda Downey John D Smith
24. FUNERAL DIRECTOR E. M. Pitchkin ADDRESS Pr. M. E. Jarvis

348V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 4 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04324

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: 401 Boyd Ave
COUNTY: Tha. Ph. Pr. Geo. County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Howe, Texas — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) JULIEN

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1950

5. SEX: female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 9-1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Blue Springs, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: A. G. Holcomb
14. MOTHER'S MAIDEN NAME: Margaret Eliz. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Daughter - 401 Boyd Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Broncho Pneumonia	2 days
422.1 Antecedent cause(s)	Congestive Heart Failure c	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardiovascular Disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1947, to April 28, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 11:45A m., from the causes and on the date stated above.

SIGNATURE: Paul Earnest MD (Degree or title) — ADDRESS: 4847 - Ill. Ave. NW — DATE SIGNED: 4-28-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 1, 1950
NAME OF CEMETERY OR CREMATORY: Whitewright City Cemetery
LOCATION (City, town, or county): Whitewright (State): Texas

DATE REC'D BY LOCAL REG.: April 28, 1950
REGISTRAR'S SIGNATURE: James Sevey
24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW — ADDRESS: Wash. 12. D.C.

RECEIVED
MAY 1 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04325

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Valley — LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5209 Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Valley
STREET ADDRESS (If rural, give location) 5209 Valley Rd. S.E.

3. NAME OF DECEASED (Type or Print): (First) ALPHEUS (Middle) DONELL (Last) KELLAM

4. DATE OF DEATH: (Month) APRIL (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write): Married

8. DATE OF BIRTH: 9/29/75

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin D. Kellam

14. MOTHER'S MAIDEN NAME: Betty Ann Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)): no — (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT, AND ADDRESS: Cedar Valley — Betsy V. Kellam - 5209 Valley Rd. - Mo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 — Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 Hr.

Antecedent cause(s)

94a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Sclerosis — 4 yrs

(c) Generalized Arterio-Sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): Cedar Valley — (COUNTY): P.G. — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/8, 1950, to 4/26, 1950, that I last saw the deceased alive on 4/25, 1950, and that death occurred at 8:09A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Leo H. Mugmon M.D. — 3109 Nichols Ave SE — 4/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 30, 1950 — NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery — LOCATION (City, town, or county) (State): Greensboro, N.C.

DATE REC'D BY LOCAL REG.: Apr. 26-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Co. 517-11th St. NW Wash D.C.

15660

VS. A15

RECEIVED
APR 28 1950
BUREAU OF S.

04326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Ritchie, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yrs

Hospital, institution, or street address where death occurred: 6501 Darcey Rd., S.E. DC 19

How long in hospital or institution? Since Apr 17 1934

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Ritchie, Md. (Washington 19, DC)
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 Darcey Rd., S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war unknown

3.(a) FULL NAME John Spencer Kennedy

3.(b) Social Security Number unknown

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced? "Widowed?" "Divorced"

6.(b) Name of husband or wife Jennie M Snoweden Kennedy

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 27 1859

8. AGE: Years 90 | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Beaver Co. Penna.
(Town, county, and state)

10. Usual occupation Carpenter — Home

11. Industry or business Retired —

FATHER
12. Name Wm M K
13. Birthplace Beaver Co. Penna.

MOTHER
14. Maiden name Tobelha Alexander
15. Birthplace Beaver Co Penna.

16. Informant Record - Prince George Co

Address Alms House - Washington 19 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/27/50 (month) (day) (year)

Cemetery or crematory Trinity Episcopal

Location Upper Marlboro Md.

18. Funeral director Ritchie Bros.

Address Upper Marlboro, Md.

19. April 26 1950 (Date rec'd by registrar) R Bruce Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1950, at 5 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948, to Apr 25 1950.
and that I last saw him alive on April 24 1950

Immediate cause of death Broncho Pneumonia and Myocardial Decompensation — DURATION 3 weeks

Due to Paralysis of Rt Side of Body - Following

Due to Cerebral Hemorrhage — 2 years unknown

Other conditions Chr Endocarditis Moderate Hypertrophic Arthritis — unknown
(Include pregnancy within 3 months of death)

Major findings of operations — none

421.4 92 d Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Paul C Van Kalte M. D. or other

Address Washington 19 DC Date signed Apr 25 1950

308 V9

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04327

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yr., 11 mo. 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 221 Rhode Island Avenue, N.E.

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) H. (Last) KRACKE

4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 3/26/1907
9. AGE last birthday 43 yrs. If under 1 year: Months 1, Days 5; If under 24 hrs.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY Research Corp.
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Kracke
14. MOTHER'S MAIDEN NAME Charlesetta Houser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 577-10-1295
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Tracheobronchitis, tuberculous, with pulmonary edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Pulmonary Tuberculosis	4 yrs 4 mos

002x
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1946, to 4/30, 1950, that I last saw the deceased alive on 4/30, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finiecare (Degree or title) M.D. ADDRESS Glenn Dale Md DATE SIGNED 5/1/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5/4/50 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetary LOCATION (City, town, or county) Bladensburg (State) Maryland

DATE REC'D BY LOCAL REG. 5/1/50 REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR The S. A. Wines Co. ADDRESS 2901-14th St. N.W.

35660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04328

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 36 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 3916 Oglethrope St

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) (Last) Lucke

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 22 July 1939

9. AGE last birthday: 10 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert J. Lucke

14. MOTHER'S MAIDEN NAME: Kay Wiekinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

590x **Immediate cause** (a) Acute Glomerulonephritis

Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Upper Respiratory Infection

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26-, 1950, to 4-23, 1950, that I last saw the deceased alive on 4-22, 1950, and that death occurred at 1 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John P. Clum M.D. 6110 43rd Ave Hyattsville 4-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4-23-50 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: April 23, 1950 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W W Chambers | ADDRESS: Riverdale Md

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04329

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 31 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4715 R. I. Avenue

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Syles

4. DATE OF DEATH (Month) Apr. (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-7-1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Wash. Sanitary Com.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Silas Syles
14. MOTHER'S MAIDEN NAME Harriet ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Helen Syles - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiorenal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 4-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/12/1950
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 4/11/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

30261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 13 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04330

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:

County: Prince Georges.

City or town: Hyattsville.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hours (was visiting).

Hospital, institution, or street address where death occurred: Leland Memorial Hospital.

How long in hospital or institution? Dead on arrival.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ..... County .....

City or town: Washington, D. C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4917 Arkansas Ave. N. W.
(If rural, give LOCATION)

2.(a) If veteran, name war ..... ✓

3. (a) FULL NAME

GEORGE S. MANDIS.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6.(b) Name of husband or wife: Margaret R. Mandis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1889

8. AGE:

Years	Months	Days	If less than one day
61			..... hrs. ..... min.

9. Birthplace: Greece
(Town, county, and state)

10. Usual occupation: Manager Bowling Alley

11. Industry or business

FATHER
12. Name: George Mandis
13. Birthplace: Greece

MOTHER
14. Maiden name: ?
15. Birthplace: Greece

16. Informant: Margaret Mandis

Address: 4917 - Ark. Av. NW

17. Buried Fort Lin. Cem. Date thereof: 4. 13. 50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Fort Lin. Cem.

Location: Pr. Geo. Co.

18. Funeral director: Deal Funeral Home

Address: 4812 Geo. Av. D. C.

19. 4/11/50 19 James Severy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10, 1950, at 7 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20, 1949, to April 10, 1950 and that I last saw him alive on April 5, 1950, 1950.

Immediate cause of death	DURATION
Angina Pectoris.	45 min.
Due to: general arterio-sclerosis.	15 mos.
Due to:	
Other conditions: 420.2 94 b (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Jack A. Connor, M. D.
M. D. or other

Address: 2026-16th St. N. W. Washington 9, D. C. Date signed 4/10/50.

15690

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

Signed with permission of Dr. J. J. Maloney,

Coroner of Prince georges County.

RECEIVED
APR 14 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04331

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth — LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear of 1800 Kenilworth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth
STREET ADDRESS (If rural give location) Rear of 1800 Kenilworth Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Lewis	Martinek	April	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Sept 14 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Painter	Washington, D.C.	U.S.A.

13. FATHER'S NAME John F. Martinek — 14. MOTHER'S MAIDEN NAME Emma Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 577-16-5524 — 17. INFORMANT William D. Martinek Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X **Immediate cause** (a) Ac. congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Dep. Med. Exam.	Cheverly-Hyattsville Md	4-7-50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/7/50	Washington, D.C.	641-H St. N.E.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/50	Amanda Downey	Timothy Dawson	Funeral Home

3407

VS. A15A

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04332

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1011 3rd St., N. E.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) MC. (Last) CASKILL

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/12/1904

9. AGE last birthday: 45 yrs. If under 1 year: Months 9 Days 3; If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Harris Hotel

11. BIRTHPLACE (State or foreign country): State of S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel McCaskill

14. MOTHER'S MAIDEN NAME: Annie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 9 months

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

139

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1950, to 4-15, 1950, that I last saw the deceased alive on 4-15-, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) MD.

ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED 4/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) La Washington DC. DATE THEREOF 4-16-1950

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/17/50

REGISTRAR'S SIGNATURE Roe Weiss

24. FUNERAL DIRECTOR John L Johnson & Co

ADDRESS 901 3rd St NW

VS. A15

22071

RECEIVED
APR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04333

CERTIFICATE OF DEATH

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4617 Harvard Rd.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) MAY (Last) McGRATH
4. DATE OF DEATH: (Month) April (Day) 24, (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/2/1889
9. AGE last birthday: 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Race Emmonde
14. MOTHER'S MAIDEN NAME: Alice Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Arthur J McGrath College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure — Interval Between Onset and Death: 30 Min

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery sclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1949, to 4-24, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS Hyattsville Md DATE SIGNED 4-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 4/27/50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Apr. 26, 1950 | REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR: F. Bascha Sons ADDRESS Hyattsville Md.

RECEIVED
AUG 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04334

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3403 Kennedy St.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) (Last) Middleton

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12/20/73

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Middleton

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Heart failure — Interval Between Onset and Death: 24 hrs.

157 x Antecedent cause(s)

46 g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Head of pancreas

(c) Hypertensive Heart & kidney disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1950, to 4/24, 1950, that I last saw the deceased alive on 4/24, 1950, and that death occurred at 7 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George J. Hageage MD. 3717 38th Ave Cottage City Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 4/27/50 | Fort Lincoln Cemetery | Colmar Manor, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

April 26 1950 | Amanda Downey | William J. Nalley 3200-R.I. Ave. Mt. Rainier, Md.

RECEIVED
APR 28 1950
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04335

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL — LENGTH OF STAY (in this place) 23 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 PRINCE GEORGE ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural give location) 401 PRINCE GEORGE ST

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) LOUISE (Last) MILSTEAD

4. DATE OF DEATH: ~~MAY~~ APRIL (Month) 8 (Day) 1950 (Year)

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 18, 1927

9. AGE last birthday: 23 yrs. — If under 1 year: Months 2 Days 21 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RAYMOND G. KEYS

14. MOTHER'S MAIDEN NAME: MABEL G. BORRADAILE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. 218-20-1761

17. INFORMANT: EARL E. MILSTEAD JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MELANO SARCOMA C	4-5 MOS
Antecedent cause(s) 190X	METASTASES	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 55a	(b) MELANOSARCOMA	11-12 MOS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 DEC '49

19b. MAJOR FINDINGS OF OPERATION: MELANO SARCOMA METASTASES C

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 MAR., 1950, to 8 APR., 1950, that I last saw the deceased alive on 7 APR., 1950, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Thomas R. Wakefield MD — 322 PRINCE GEORGE ST LAUREL MD — 8 APR '50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/10/50 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) (State) Laurel, Md

DATE REC'D BY LOCAL REG. April 8-50 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR — ADDRESS De Witt Donaldson Laurel Md

6461-11 1 305

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04336

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorchester
STREET ADDRESS (If rural, give location) 1015 - Dorchester Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) F (Last) Morey

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 4/24/50

9. AGE last birthday: yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours 3 | Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George E. Morey

14. MOTHER'S MAIDEN NAME: Margaret Goslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mother - as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset and Death: 3h 35m

776x Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1950, to ....., 19....., that I last saw the deceased alive on 4-24, 1950, and that death occurred at 5:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

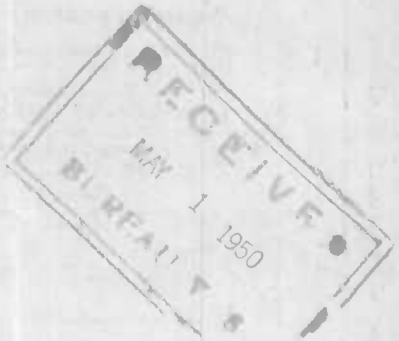
John P. Clum M.D. Hyattsville Md 4-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE April 27, 50 | NAME OF CEMETERY OR CREMATORY Prince Georges Mem Park | LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. April 29 1950 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Harry W. Penn Jr Supt

2-0-4-24-0-24-1-25-0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MAY 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04337

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunnybrook-Hyattsville P.O
LENGTH OF STAY (In this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5504 Tilden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plainfield
STREET ADDRESS (If rural, give location) 204 North Indiana St.

3. NAME OF DECEASED (Type or Print): (First) PLEASANT (Middle) ALMOND (Last) MORRISON
4. DATE OF DEATH: (Month) April (Day) 22nd (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/25/1874
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer Job printing
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Plainfield, Ind.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Alexander Morrison
14. MOTHER'S MAIDEN NAME: Susan A. Krewson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: James H.Morrison, 5504 Tilden Rd. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 weeks

Antecedent cause(s)

833 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized grade iii — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1950, to April 22, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 12 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest J. Parent M.D. 701 Monroe St NE April 22 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 25 1950
NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
LOCATION (City, town, or county) (State): Plainfield, Indiana

DATE REC'D BY LOCAL REG.: April 23, 1950
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W.W.Chambers Company, Riverdale, Md. ADDRESS

31014

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APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04338

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly. | LENGTH OF STAY (in this place): 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenbelt
STREET ADDRESS (If rural, give location): 46M Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Baby — (Middle) — (Last) Mayer

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 4 April 50

9. AGE last birthday: 6 hrs — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John H Mayer

14. MOTHER'S MAIDEN NAME: Furn Bladgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 — **Immediate cause** (a) Respiratory Failure

Antecedent cause(s)

159 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to

(c) Premature birth

INTERVAL BETWEEN ONSET AND DEATH: From birth on.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 4-4, 1950, that I last saw the deceased alive on 4-4, 1950, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE: William Eisner — (Degree or title) MD — ADDRESS: 30 B. Ridge Rd; Greenbelt Md — DATE SIGNED: 4-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: April 7, 1950 — NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp — LOCATION (City, town, or county) (State): Cheverly Maryland

DATE REC'D BY LOCAL REG.: 4-10-50 — REGISTRAR'S SIGNATURE: Amanda Downey — **24. FUNERAL DIRECTOR**: Harry L Penn Jr Supt — ADDRESS: Cheverly Md

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BUREAU V

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04339

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Capitol Heights Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred: 6222 Shadyside Ave Capitol Heights Md

How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Pr Geo

City or town Capitol Heights Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 6222 Shadyside Ave (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Lilly S. Mullikin

3.(b) Social Security Number —

4. Sex: Fem

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Richard T Mullikin

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 28 1875

8. AGE: Years 74 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Forestville, Maryland (Town, county, and state) Prince George Co.

10. Usual occupation Practical Nurse - Retired

11. Industry or business at home

FATHER 12. Name John Bayne

13. Birthplace Maryland

MOTHER 14. Maiden name Catherine Moore

15. Birthplace Maryland

16. Informant Ada Sweeney (Step Daughter)

Address Upper Marlboro, Md RR2

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1 1950 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Maryland

19. Apr 28 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1950 at 8 55 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1949 to April 27 1950 and that I last saw her alive on April 26 1950

Immediate cause of death: Cerebral Hemorrhage with Paralysis Rt Side — DURATION: 2 Weeks

Due to General Arteriosclerosis (and) — unknown

Due to Previous Cerebral hemorrhage — 10 Mo ago

Other conditions none of note.

331 x

83a (Include pregnancy within 3 months of death)

Major findings of operations — none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide natural causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address 5440 Silver Hill Rd SE Washington 19 DC Date signed Apr 27 1950.

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MAY 1 1950
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04340

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 28 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen	STREET ADDRESS (If rural, give location): 4304 40th Place

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) R[illegible]elecca (Last) Myers

4. DATE OF DEATH: (Month) 6 35 (Day) April (Year) 2 1950

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Nov 20, 1888 — 9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jack Catterton — 14. MOTHER'S MAIDEN NAME: Margaret V Stamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY No.: — — 17. INFORMANT AND ADDRESS: Charles T. Myers Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 Immediate cause (a) Bronchopneumonia, Pulmonary Congestion

Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Partial Intestinal Obstruction, r

(c) Carcinoma of the Ovary.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerotic Heart Disease.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1944, to 4-2, 1950, that I last saw the deceased alive on 4-2, 1950, and that death occurred at 6 35 p m., from the causes and on the date stated above.

SIGNATURE: George Hageage (Degree or title) — ADDRESS: 3717-3882 Ave Cottage City — DATE SIGNED: Md.

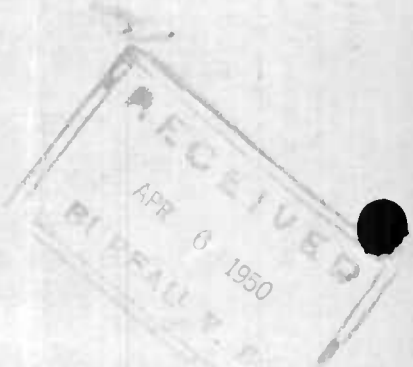
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5 April 1950 — NAME OF CEMETERY OR CREMATORY: F. H. Lincoln Cemetery — LOCATION (City, town, or county): Colmar Manor Prince Geo. (State) Md.

DATE REC'D BY LOCAL REG.: 4/4/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gardt's Son's Hyattsville Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

04341

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place) 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 66 Glendale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural give location) Box 66 - Glendale Road

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Urban (Last) Nabholz

4. DATE OF DEATH (Month) Apr. (Day) 9 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-23-1901

9. AGE last birthday 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service man

10b. KIND OF BUSINESS OR INDUSTRY Oil burner & refrigerator

11. BIRTHPLACE (State or foreign country) Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul Wm. Nabholz

14. MOTHER'S MAIDEN NAME Hedrich Roepke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Marie Nabholz - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md 4-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/13/50

NAME OF CEMETERY OR CREMATORY George Washington

LOCATION (City, town, or county) Hyattsville Md (State)

DATE REC'D BY LOCAL REG. April 12-1950

REGISTRAR'S SIGNATURE John D Smith

24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

4167V

BUREAU
APR 14 1950
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04342

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 1 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 4614 - Fordham Road

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Nowell

4. DATE OF DEATH (Month) Apr (Day) 1 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.

8. DATE OF BIRTH 12-28-81

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles E. Cannon

14. MOTHER'S MAIDEN NAME — Underwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ernest Nowell - Son.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Myocardial infarction	
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	
		(c) Cardiovascular renal disease	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 4-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/4/50

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 4-2-50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04343

Reg. Dist. No. 745

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville (HYATTSVILLE)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 106 Holly Avenue

3. NAME OF DECEASED (Type or Print): (First) MYRA (Middle) OURAND (Last)

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 7, 1860

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist (retired)

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Vet. Admr.

11. BIRTHPLACE (State or foreign country): Zanesville, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph F. Ourand

14. MOTHER'S MAIDEN NAME: Margaret Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Myrtle Ourand, 108 Holly ave., Takoma Pk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) Senility

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 50, to April 50, that I last saw the deceased alive on April 15, 50, and that death occurred at 2 50 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Bernard A. Fitzgerald M.D. — 82 Malcolm Dr., Silver Sp. Md. — 4/07/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 18, 1950 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery | LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: April 20, 1950 | REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. | ADDRESS: Silver Spring, Md.

23697

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04344

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Prince Geo

City or town: Rural Upper Marlboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: P.G.

City or town: Rural - Upper Marlboro

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2 mi. north Route 202

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Henry Clay Pearce

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 25 Mar 1884

8. AGE:

Years	Months	Days	If less than one day
66	0	20	..... hrs. ..... min.

9. Birthplace: Westwood, P. G., Maryland (Town, county, and state)

10. Usual occupation: Agriculture

11. Industry or business: Ret. Farmer

FATHER

12. Name: William Bradley Pearce

13. Birthplace: Co. Geo Co

MOTHER

14. Maiden name: Elizabeth Rebecca Ferguson

15. Birthplace: P.G. Geo Co

16. Informant: Llewellyn Pearce

Address: Upper Marlboro, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18, 1950 (month) (day) (year)

Cemetery or crematory: Mt. Carmel

Location: Upper Marlboro, Md.

18. Funeral director: Ritchie Brothers

Address: Upper Marlboro, Md.

19. April 17 1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 14 Apr 1950, at 2 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to 14 Apr 1950 and that I last saw h.. alive on 12 Apr 1950

	DURATION
Immediate cause of death: Congestive Failure	6 mos.
Due to: Hypertensive C.V.R. Disease	2 yrs.
Due to:	
Other conditions: Prostatism 442x 1310 (Include pregnancy within 3 months of death)	10 yrs.

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. M. Jasper M. D.

Address: Upper Marlboro, Md. Date signed 14 Apr 50

V429

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 18 1950
BUREAU V. S.

04345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 2500 Allison Road

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) M. (Last) Phillips

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 18 Oct 1875
9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Gray
14. MOTHER'S MAIDEN NAME: Amelia Mease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 X Immediate cause (a) Pyelonephritis — 1 mo.

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1950, to Apr. 2, 1950, that I last saw the deceased alive on Apr. 1, 1950, and that death occurred at 4 1/2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irwin Grossgreen, M.D. 2503 Queens Chapel Rd. Mt. Rainier, Md. 4-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-2-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): LOCKHAVEN, PENN

DATE REC'D BY LOCAL REG.: 4/2/1950
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 1400 Chapin ST

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04346

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 4000 Bladensburg Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Earl	Piers	Apr	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct 8 1921	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	U.S. Post Office	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Pier	Viva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War II		Mary Virginia Piers. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage o shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (581.0 1241)	(b) Rupture of esophogeal varex	
	(c) Cirrhosis of liver	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly-Hyattsville, Md	4-4-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/10/50	Arlington Cemetery	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/50	Amanda Downey	F. Gasch-Sons	Hyattsville, Md.

26695

RECEIVED
APR 7 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04347

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 3-15 70th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Franklin	Prentice	Apr	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec 20, '36	13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence C. Prentice	Margaret Kearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Clarence C. Prentice - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.8 **Immediate cause** (a) Hemorrhage & shock

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured spleen & tail of Pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Carnival lot	Brandville - Pr. Geo.		Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
4-9-50 6.20 p.m.		Fell from moving ferris wheel.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Md. Exam.	Cheverly - Hyattsville, Md	4-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/12/50	Evergreen	Bladensburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 11, 1950	James Devey	F. Tasch & Sons	Hyattsville Md

VS. A15A

RECEIVED
APR 12 1950
BUREAU V. S.

04348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4529-41st. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Ge.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural give location) 4526-41st. Ave

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LOU (Last) PROCTOR

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1-3-1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Addison Saunders
14. MOTHER'S MAIDEN NAME Frances Cobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No. none
17. INFORMANT Mrs Mary D. Thomas - (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
151x	Immediate cause	(a) Myocarditis acute	2 months
	Antecedent cause(s)		
46b	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer - Stomach + Intestine	?
		(c) Bronchitis	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystitis + Nephritis — 4 months

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1950, to 4-29, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Wm. W. Spiller (Degree or title) M.D. ADDRESS 4506 R.I. Ave Brentwood Md DATE SIGNED 4/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 5/3/50 April 29, 1950 NAME OF CEMETERY OR CREMATORY Harmony Cem. LOCATION (City, town, or county) — (State)

DATE REC'D BY LOCAL REG. April 29, 1950 REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Madden Schey ADDRESS 424-R-N-W

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1950
BUREAU OF S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04349

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 day 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland. Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4723 Wells Parkway

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Smith (Last) Ridgeway
4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH July 2, 1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CHASER
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) WASH. D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Isaac Ridgeway
14. MOTHER'S MAIDEN NAME Elizabeth Catherine Utterbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) not known (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes - not known
17. INFORMANT AND ADDRESS Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 19, 1950, to April 21, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 4-21-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 4/25/50
NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.
LOCATION (City, town, or county) SUITLAND, PR. GEO., (State) MD.

DATE REC'D BY LOCAL REG. April 22 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. - RIVERDALE, MD ADDRESS

26699

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04350

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:
County Pr. Georges
City or town Landover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 96 Years
Hospital, institution, or street address where death occurred: Landover Md R.F.D
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Georges
City or town Rural Landover
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Frances Marvin Fairfax Roberts

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband Clarence M. Roberts
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 29 1878

8. AGE: Years	Months	Days	If less than one day
72			hrs. min.

9. Birthplace Northampton, Pr Geo Co Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own Home

FATHER
12. Name ~~Frances~~ John Contee Fairfax
13. Birthplace Va.

MOTHER
14. Maiden name Mary Kirby
15. Birthplace N. Y.

16. Informant Elissa Roberts
Address Landover Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24 1950 (month) (day) (year)
Cemetery or crematory Rock Creek Cemetery
Location Washington D.C.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Maryland

19 Apr. 22 1950 Carrie F. Campbell Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1950 at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1946 to April 21 1950 and that I last saw her alive on April 20 1950

	DURATION
Immediate cause of death Coronary Occlusion	Suddenly
Due to Arteriosclerotic heart Disease	3 years
Other conditions	

420.0
(Include pregnancy within 3 months of death)
93d
Major findings of operation Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Suit Ritchie M.D.
M. D. or other
Address 7005 Ritchie Rd SE Wash 19 D.C. Date signed 4/21/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 22 1950
BUREAU V. S.

04351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY: Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 3 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT RANIER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen Hosp	STREET ADDRESS (If rural, give location): 2709 QUEEN CHAPEL RD.

3. NAME OF DECEASED (Type or Print)	(First) NORMAN	(Middle) Thomas	(Last) RYAN JR	4. DATE OF DEATH	(Month) Apr. (Day) 20 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —	8. DATE OF BIRTH: Mar 24-1950	9. AGE last birthday: 3½ wks yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Maryland.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: NORMAN T. RYAN. SR			14. MOTHER'S MAIDEN NAME: CARMAN M. COLLINS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS: HOSPITAL RECORDS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cyanosis, Congenital	27 days
754.4 Antecedent cause(s)	(b) Congenital Heart Disease	27 days
157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1950, to Apr 20, 1950, that I last saw the deceased alive on Apr 20, 1950, and that death occurred at 6 40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J N Sugar MD		Mt Rainier, Md	Apr 20 '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/21/50	NAME OF CEMETERY OR CREMATORY: Glenwood	LOCATION (City, town, or county): Washington	(State) D.C.
DATE REC'D BY LOCAL REG.: April 20 1950	REGISTRAR'S SIGNATURE: Amanda Downey	24. FUNERAL DIRECTOR: Francis J Collins	ADDRESS: Wash. D.C. 3821-14th St. NW.	

2-7-3-24-0-32-3-40-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 24 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04352

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Andrews AFB | LENGTH OF STAY (in this place): -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital Andrews Air Force Base

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
STREET ADDRESS (If rural give location): -

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Fortunato	Salvatore	April	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	22 June 1929	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier, RA 12 114 565	Atchd USAF	New York	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Esther Salvatore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	-	Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing and injuries of the head.

912.3 / 176 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Warehouse	Andrews Air Force Base	Prince Georges	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☒	Not While At work ☐	HOW DID INJURY OCCUR?
4	11	50	1114 ~~a~~ m.			Crushed by tractor

22. I hereby certify that I attended the deceased from NEVER, ~~19*~~, ~~**~~, ~~19**~~, that I last saw the deceased alive on -, 19-, and that death occurred at 11:14 ~~a~~ m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert L Rudolph 1st Lt MC	1050 A Medical Gp. Andrews AF Base, Wash 25 D.C.	11 April 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12 April 50	Unknown	Hancock	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11 April 1950	Karl E Crossman 1st Lt USAF (MSC)	W W Chambers Co.	517 11th St SE

60896

RECEIVED
APR 28 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04353

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 3700 Bladensburg Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Ray	Sargent	April	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Nov 28-1949	4 mo yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Sargent, Charles
14. MOTHER'S MAIDEN NAME: Barbara Llavie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Charles Sargent, Cottage City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-Pneumonia	
754.4 Antecedent cause(s)		
757.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Heart	
	(c) Abnormal Coronary vessels	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to March, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller MD	3814-34th St Mt Rainier	April 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/3/50	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 2 1950	Amanda Mooney	F. Gasch & Sons	Hyattsville Md

20-X-21-9-11-1-40-5

RECEIVED
APR 4 1950
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04354

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 4 yrs., 1 mo. & 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 815 3rd St., S. E.

3. NAME OF DECEASED (Type or Print) (First) LEVI (Middle) (Last) SIMMS

4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 9/17/15
9. AGE last birthday 34 yrs. If under 1 year Months 6 Days 25 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Construction worker
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Oxen Hill, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Simms
14. MOTHER'S MAIDEN NAME Rose Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. Lost
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1946, to 4/11, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnicane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 4/11/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF 4/12/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/12/50 REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR John F. Rhines & Co ADDRESS Sev 401 3rd St.

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
APR 22 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04355

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Above Mt Vernon Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon, Md
STREET ADDRESS (If rural give location) #5 Dredge - Potomac River

3. NAME OF DECEASED (Type or Print) (First) Irving (Middle) (Last) Skipper

4. DATE OF DEATH (Month) Apr. (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 9. 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY 5 mont Sand Co.
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Wm Skipper
14. MOTHER'S MAIDEN NAME Ida Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT Lawson T. C. Skipper - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Asphyxia

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River
(CITY OR TOWN) Mt. Vernon - (COUNTY) Pr. Geo. - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 2 - 50 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into Potomac River

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Examiner - Cheverly Hyattsville Md 4-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 15 April 1950
NAME OF CEMETERY OR CREMATORY Yopp Funeral Home
LOCATION (City, town, or county) (State) Wilmington N. Carolina

DATE REC'D BY LOCAL REG. Apr 15 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

Mrs Alton Davis

72071

RECEIVED
APR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04356

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Brentwood Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Brentwood

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4517 - Banner St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Thomas Smith

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-24-1886

8. AGE: Years 64 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace CLAIBORNE, MD.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name WILSON SMITH

13. Birthplace CLAIBORNE, MD

MOTHER

14. Maiden name FLORENCE DRAKE

15. Birthplace CLAIBORNE, MD

16. Informant KATHERINE S JONES

Address 5400 SHERIFF RD. N.E

17. Removal (Burial, cremation, or removal. Which?) Date thereof Apr 26 1950 (month) (day) (year)

Cemetery or crematory Washington DC

Location 1829 - 9th St N W Wash DC

19. Funeral director Robert G. McGuire

Address 1820 - 9 St N.W. Wash. D.C.

19. Apr 26 1950 (Date rec'd by registrar) James Sevey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1950 at 10 27P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1949 to April 25th 1950

and that I last saw him alive on April 25th 1950

Immediate cause of death Carcinoma of Prostate Gland.

DURATION 13 mos.

Due to

Due to

Other conditions

177X

57b

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. N. Dodson MD M. D. or other

Address 2709 - P St Date signed 4/25/50

XVX 99

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

Mrs. Severe
4309 Farragut
St

RECEIVED
APR 28 1950
BUREAU P. P.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04357

Reg. Dist. No. 543

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location) Route 197

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Solomon (Last)
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-14-1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Assistant Buyer - Dress Office
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Julius Solomon
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Beulah Dudley - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 4-28-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1 May 1950 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 4/28/50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR B Damansky & Son ADDRESS 3501-14th St NW.

5/1/50 Mrs. Agnes M. Ginglick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
MAY 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04358

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halls
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halls
STREET ADDRESS (If rural give location) Crain Highway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grace		Stonebroker	April 22 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	April 8, 1915	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morgan Miller	Belle Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		William Stonebroker

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute congestive heart failure	
	(c)	

490X
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John L. Floyd	Dept. Med. Examr.	Forestville Md	4-22-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/50	Glen Haven Cemetery	Glen Burnie Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/24/50	Amanda Downey	F. Gaschs Sons	Hyattsville Md

4/28/50 Mrs. Agnes M. Yeingling

VS. A15A

RECEIVED
MAY 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04359

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly Md. — LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. Md — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 4901 Avondale Rd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Strettmatter

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 18, 1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milk Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Embassy Dairy

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walter J. Strettmatter, 4901 Avondale Rd. n.e. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162x Immediate cause	(a) Bronchogenic carcinoma with Multiple metastases.	June Jan. 1950
Antecedent cause(s)		
47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) General Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from April 15, 1950, to April 27, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 10-23 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul C. Van Hatten M.D. — ADDRESS: 5400 Colonial Rd. Va. — DATE SIGNED: Apr 27 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 1-1950 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 4-28-50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co

156X3

RECEIVED
APR 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04360

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Capital Heights md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 week this visit.
Hospital, Institution, or street address where death occurred: 616-59th Ave Capital Heights md.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Georges
City or town: Capital Heights md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 616-59th Ave
AND 4500 Lilly Pond Lane LOCATION: Riverdale, Rosedale Park, Hyattsville, Kenilworth, D.C.
2.(a) If veteran, name war: no

3.(a) FULL NAME: Nettie C Sullivan

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Edward A. Sullivan
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 27, 1877

8. AGE: Years: 72 Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: St. Mary's County, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home.
FATHER 12. Name: Ruben Owens
13. Birthplace: St. Mary's County, Md.
MOTHER 14. Maiden name: Liza Quade
15. Birthplace: St. Mary's County, Md
16. Informant: Mr Edw. A. Sullivan
Address: 616-59th ave. Capital Hgts, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 28 1950 (month) (day) (year)
Cemetery or crematory: Washington National 6 p.m.
Location: Suitland, Md. #371
18. Funeral director: Waltz Funeral Home
Address: 741 - Alabama Ave. S.E.
19. Apr. 25 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1950 at 2:35 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1950 to Apr. 25 1950 and that I last saw her alive on April 24 1950.

Immediate cause of death	DURATION
Cerebral Hemorrhage	5½ days
and paralysis.	
Due to General Arterio -	unknown
Sclerosis	unknown
and Diabetes Mellitus	
Other conditions: —	

260 X
(Include pregnancy within 3 months of death)
61
Major findings of operations: — none —
Date of op. .....
Autopsy results: — none —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Natural Causes Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury — Injured at work?

23. SIGNATURE: Paul E Waltz M.D. M. D. or other
Address: 5440 Silver Hill Rd SE Washington D.C. Date signed: Apr 25 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 28 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04361

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 2 yrs. 5 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5805 Queens Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 1336 Gallatin St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) (Last) Sullivan

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 5, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Sullivan

14. MOTHER'S MAIDEN NAME: Mary Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	2 weeks
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic basis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 1, 1949, to April 10, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 9:45 p m., from the causes and on the date stated above.

SIGNATURE: Thomas F Collins M.D. (Degree or title) ADDRESS: 322 H Street, N.E. DATE SIGNED: 3/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: April 13, 1950 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: April 11, 1950 | REGISTRAR'S SIGNATURE: James Seney

24. FUNERAL DIRECTOR: Francis J. Collins | ADDRESS: 3821-14th St. Wash. D.C.

RECEIVED
APR 12 1960
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04362

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg — LENGTH OF STAY (in this place): 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4000 53rd St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYATTSVILLE MD
STREET ADDRESS (If rural give location): 4000 53rd St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	CATHERINE	THOMPSON	APRIL	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	MAY 11, 1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home	CANADA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANCIS B. ENTRICKEN	ISABELL MOSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	Carl Thompson Gettysburg Pa RD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Cerebral accident (Stroke)	few mos
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Renal disease	Years
	(c) Heart failure Congestive	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1940, to April 10, 1950, that I last saw the deceased alive on April 10, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dayton O Walters	MD	5304 Annapolis Road, Hyattsville Md,	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	APRIL 13 1950	United Brethren	Gettysburg Adams Co. Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 13 1950	Amanda Dorsey	D L Allison	Emmitsburg Md

RECEIVED
APR 14 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04363

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ Local Reg Dist.-240

1. PLACE OF DEATH:

County: Pr. George

City or town: Rural Brandywine (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: P. R. George

City or town: Rural Brandywine (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Clayton Townsend

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband ~~or wife~~: Helen K Townshend

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 3/3/76

8. AGE: Years: 74 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Rural, Brandywine, Md. (Town, county, and state)

10. Usual occupation: Farmer (Self)

11. Industry or business: Farm Owner

FATHER

12. Name: William H. Townshend

13. Birthplace: Md.

MOTHER

14. Maiden name: Julia A. Naylor

15. Birthplace: Md.

16. Informant: Harold C. Townshend

Address: Brandywine, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/13/50 (month) (day) (year)

Cemetery or crematory: Emanuel M. E.

Location: Brandywine, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. 4-12 1950 (Date rec'd by registrar) M. L. Moore Registrar

4-17-50 Local Reg. F. H. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1950 at 8 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1950, to April 11 1950 and that I last saw him alive on April 11 1950

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other conditions

420.1 (Include pregnancy within 3 months of death)

Major findings of operations: 94a Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edwin L. Lane Md. M. D. or other

Address: Waldorf Md. Date signed: 4/12/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 19 1980
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04364

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1216 H. St., N. E.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) W. (Last) WEAVER

4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9/22/11

9. AGE last birthday: 38 yrs. | If under 1 year: Months — | Days — | If under 24 hrs.: Hours — | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile painter

10b. KIND OF BUSINESS OR INDUSTRY: Mr. Jim Howell Hdlq Fla., Ave, NE.

11. BIRTHPLACE (State or foreign country): Crouse, N.Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marvin Weaver

14. MOTHER'S MAIDEN NAME: Nellie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-07-1990

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	8 years
0028 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 138	(b)	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 – 3, 1950, to 4 – 9, 1950, that I last saw the deceased alive on 4 – 8, 1950, and that death occurred at 8.20 A m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M. D. | ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland | DATE SIGNED: 4/9/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 4/10/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 4/10/50 | REGISTRAR'S SIGNATURE: Alice Weiss

24. FUNERAL DIRECTOR: W. W. Chambers Co. | ADDRESS: 517-11 St. S.E.

45884

RECEIVED
APR 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04365

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Defense and Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5608 Randolph

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Innes (Last) Wilson
4. DATE OF DEATH (Month) April (Day) 8 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 24, 1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver Wash D.C.
10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab Co.
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Wilson
14. MOTHER'S MAIDEN NAME Mary Innes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1935
16. SOCIAL SECURITY No. 472-01-5148
17. INFORMANT Mrs Dorothy Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

973.1
163M

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Blue Bleeth (CITY OR TOWN) Mitchellville (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Friday 4 / 8 / 50 7 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Ran hose from exhaust into car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James S. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 4-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/12/50 NAME OF CEMETERY OR CREMATORY Arlington LOCATION (City, town, or county) Arlington Va (State)
DATE REC'D BY LOCAL REG. 4/11/50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L. Gasch's sons ADDRESS Hyattsville Md

4205V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 27 1950
BUREAU V. S